

RETURN TO	Melissa Wilson Survey of Jails in Indian Country Westat 1500 Research Boulevard Rockville, MD 20850 TB 371		FORM CJ-5B (06-22-15)		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT WESTAT	
	2015 ANNUAL SURVEY OF JAILS IN INDIAN COUNTRY					
DATA SUPPLIED BY						
NAME			TITLE			
ADDRESS	Number and street or P.O. box/Route		City		State	Zip Code
TELEPHONE	Area Code	Number	FAX NUMBER	Area Code	Number	
E-MAIL ADDRESS						

GENERAL INFORMATION

- If you have any questions about completing this form, please contact **Karla Eisen** of Westat at **1-888-675-7330** or BJS Statistician, **Todd Minton** at **202-305-9630**.
- Please mail your completed questionnaire to **Westat** before **August 1, 2015** or FAX (all) pages to **301-610-4950**.
- Please retain a copy of the completed form for your records.

Who does this survey cover?

All confinement facilities, including detention centers, jails, and other correctional facilities operated by tribal authorities or the Bureau of Indian Affairs.

- INCLUDE special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).

All persons under your jail supervision.

- INCLUDE all confined adults and juveniles (i.e., persons under age 18).
- INCLUDE persons on transfer to treatment facilities but who remain under your legal jurisdiction.
- INCLUDE persons held for other jurisdictions.

What data are to be excluded from this survey?

- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- EXCLUDE any persons housed in a correctional facility not operated by your jurisdiction.

Burden statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 1 1/4 hours per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531.

INSTRUCTIONS

- If the answer to a question is “not available” or “unknown,” write “DK” in the space provided.
- If the answer to a question is “not applicable,” write “NA” in the space provided.
- If the answer to a question is “none” or “zero,” write “0” in the space provided.
- When exact numeric answers are not available, provide estimates and mark in the box beside each figure that is estimated. For example, 1,234

SECTION I—INMATE COUNTS AND MOVEMENT

1. On June 30, 2015, how many persons were CONFINED in this facility?

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
- INCLUDE persons held for other jurisdictions.
- EXCLUDE inmates on AWOL escape, or long-term transfer to other jurisdictions.

Number confined _____

2. On June 30, 2015, how many persons CONFINED in this facility were —

- a. Males age 18 or older _____
- b. Females age 18 or older _____
- c. Males under age 18 _____
- d. Females under age 18 _____
- e. TOTAL (Sum of items 2a to 2d should equal item 1) _____

3. Of all male and female juveniles CONFINED in this facility on June 30, 2015, how many were tried or awaiting trial in ADULT court?

Number of juveniles (under age 18) held as adults _____

4. Of all persons CONFINED in this facility on June 30, 2015, how many were —

- For persons with more than one status, report the status with the most serious offense.
- For convicted inmates, include probation and parole violators with no new sentence.

- a. Convicted _____
- b. Unconvicted _____
- c. TOTAL (Sum of items 4a and 4b should equal item 1) _____

5. On June 30, 2015, how many persons CONFINED in this facility, regardless of conviction status, had as their most serious offense —

a. Domestic violence offense _____

- INCLUDE assault, abuse, cruelty, or threat to a spouse, intimate, or a dependent child.

b. Assault _____

- INCLUDE aggravated and simple assault.
- EXCLUDE domestic violence offenses and rape/sexual assault.

c. Rape/sexual assault _____

- EXCLUDE domestic violence offenses and assaults reported in item 5b.

d. Other violent offenses _____

- EXCLUDE domestic violence offenses, assaults, and rape/sexual assault.

e. Burglary _____

- Also known as breaking and entering.

f. Larceny-theft _____

- EXCLUDE motor-vehicle theft.

g. A drug law violation _____

- INCLUDE offenses relating to the unlawful possession, distribution, sale, use, growing, or manufacturing of narcotic drugs.

h. Driving while intoxicated or driving under the influence of alcohol or drugs _____

i. Public intoxication _____

- Also known as “drunk and disorderly.”

j. Other offenses _____

k. TOTAL (Sum of items 5a to 5j should equal item 1) _____

6. On June 30, 2015, how many persons CONFINED in this facility, regardless of conviction status, had an offense type of —
- For persons with more than one offense, report the most serious type of offense.
- a. Felony
- b. Misdemeanor
- c. Other—Specify _____
- d. TOTAL (Sum of items 6a to 6c should equal item 1)

7. During the 30 day period from June 1, 2015, to June 30, 2015 —
- a. What was the average daily population of your facility?
- To calculate the average daily population, add the number of persons confined in your facility for each day during the period June 1-30, 2015, and divide the results by 30.
- Average daily population _____
- b. On what day did this facility hold the greatest number of persons?
- June _____, 2015
- c. How many persons were CONFINED on that day?
- Number that day _____

8. During the 30 day period from June 1, 2015, to June 30, 2015, how many persons were —
- a. New admissions to this jail facility
- INCLUDE persons officially booked into and housed in your facility by formal legal document or by the authority of the courts or some other official agency.
 - EXCLUDE returns from escape, work release, medical appointments/treatment facilities, bail and court appearances.
- New admissions _____
- b. Final discharges from this jail facility?
- INCLUDE all persons released after a period of confinement (e.g., sentence completion, bail/bond, other pretrial release, transfers to other jurisdictions, and death).
 - EXCLUDE temporary discharges (e.g., work releases, medical appointments/treatment facilities, to courts, furloughs, day reporters, and transfers to other facilities within your jurisdiction).
- Final discharges _____

9. Between July 1, 2014, and June 30, 2015 —
- a. How many persons died while CONFINED in this facility?
- Enter 0 if no deaths.
- Number of deaths _____
- b. Of those who died, how many committed suicide?
- Number of completed suicides _____
- c. How many persons ATTEMPTED suicide while CONFINED in this facility?
- Number of attempted suicides _____

SECTION II—FACILITY OPERATIONS AND STAFF

For items 10 and 11, please respond based on the inclusionary and exclusionary instructions below.

- INCLUDE**
- full-time and part-time staff, payroll staff that are tribal or BIA direct-funded staff (e.g., 638 contract and self-governance).
 - nonpayroll staff employed by other tribal/governmental agencies (staff provided by IHS, education, or other human service departments or courts).
 - contract nonpayroll staff paid through private service contracts (e.g., food service, healthcare, maintenance, transportation).
 - EXCLUDE community volunteers and unpaid interns.
10. Of the total number of CORRECTIONAL employees on June 30, 2015, how many were in—
- Count each employee only once. Classify employees with multiple functions by the function performed most frequently.
- a. Administration
- INCLUDE the jail administrators, assistants and other personnel who work in an administrative capacity more than 50% of the time.
- b. Jail operations
- INCLUDE correctional officers, guards, and other staff who spend more than 50% of their time supervising inmates.
- c. Educational staff
- INCLUDE academic and vocational staff.
- d. Technical/professional staff
- INCLUDE counselors, psychiatrists, psychologists, social workers, dentists, medical staff, and other professional staff
 - INCLUDE dispatchers with no inmate supervision duties
- e. Clerical, maintenance, and food service
- f. Other—Specify _____
- g. TOTAL (Sum of items 10a to 10f)

11. Of the total number of JAIL OPERATION employees reported in item 10b, how many had received —

a. The basic detention officer certification?

- INCLUDE BIA or State certification.

b. 40 hours of in-service training? . . .

12. On June 30, 2015, what was the total rated capacity of this facility?

- EXCLUDE temporary spaces such as tents, trailers, and other temporary space.
- Rated capacity is the maximum number of beds or inmates assigned by a rating official to this facility.
- If rated capacity is not available, estimate by using the design capacity and mark the box.

Rated capacity

NOTES